



## MEMORANDUM OF AGREEMENT

The Idaho Division of Health (*Women's Health Check*) and the undersigned Provider (page 3, this document), desire to enter into an agreement whereby the Provider will provide listed screening and diagnostic tests to women enrolled in the *Women's Health Check* Program, according to the guidelines of the National Breast and Cervical Cancer Early Detection Program.

### Background:

U.S. Congress passed Public Law 101-354 in 1992, creating the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Initially, the program provided education to increase early detection of these cancers. Since 1996, Idaho has been funded to reimburse providers for screening and diagnostic tests provided for eligible clients, enrolled in *Women's Health Check (WHC)*.

A limited number of procedures may be reimbursed at Medicare rates for Outpatient services (see attached list). No other services shall be reimbursed through this program. Results of all services reimbursed through *Women's Health Check* must be reported to the *WHC* Local Coordinating Contractor (Health Department or local clinic that has contracted with the State of Idaho to Coordinate services and report data).

### Provider Responsibilities:

The Provider acknowledges that it may have an obligation, independent of this agreement, to comply with the Health Insurance Portability and Accountability Act (HIPAA), Sections 262 and 264 of Public Law 104-191, 42 USC Section 1320d, and federal regulations at 45 CFR Parts 160, 162 and 164. If applicable, Provider shall comply with all amendments to the law and federal regulations made during the term of the agreement.

The Provider shall provide screening and/or diagnostic services as listed, for women enrolled in *Women's Health Check*, who are referred by a *WHC* Local Coordinating Contractor. The Provider shall ensure that all services are provided by staff that are appropriately licensed for the service, according to national standards for mammography (MQSA), laboratory (CLIA-88), or professional license. The Provider shall provide proof of current insurance for Workman's Compensation and Professional Liability.

The Provider shall provide listed services for *WHC* enrolled clients at no charge to the client. The Provider may not bill the client for any portion of covered services. The Provider must make other arrangements with the client for payment of any services not covered by *WHC*.

The Provider shall provide results of all services to the *WHC* Local Coordinating Contractor as soon as available, and within 30 days of date of service. Results shall be reported according to national standards, utilizing *WHC* Screening and Diagnostic Forms (see *WHC* Provider Manual) or Qualis Health Adult Preventive Health Program (APHP) software (provided at no charge).

The Provider shall utilize standard form CMS-1500 or UB-92 to submit claims to *WHC's* Third Party Administrator, United Group Programs. Required claim information must include:

- Patient Name / Address / Date of Birth / Social Security Number (*WHC* unique ID number if no SSN available)
- Provider Name / Address / Tax ID Number
- CPT Code / Date of Service / Place of service / Charges
- Name of *WHC* Local Coordinating Contractor where patient is enrolled
- All claims should be clearly marked: **"Idaho Women's Health Check"**
- Currently, paper claims shall be submitted. After October 2003, United Group Programs will be able to accept electronic claims
- For questions about a claim, Provider may contact United Group Programs at 1-800-810-9892, extension 114 (Shannon), 130 (Sheri), or 131 (Helen)
- Claims shall be billed within 90 days of service to ensure payment
- Submit all claims to:

United Group Programs, Inc.  
**Attention: Idaho Women's Health Check**  
902 Clint Moore Road, Suite 100  
Boca Raton, FL 33487

*Women's Health Check Responsibilities:*

*Women's Health Check* shall provide updated Provider Manual, Reimbursement Rate List for covered CPT code services (updated annually), as well as training and information relating to the program.

Local *WHC* Coordinators will maintain active communication with Providers serving clients they enroll and are responsible for. Local Coordinators provide required data to the state and federal program, with signed release of this information provided by the patient on the *WHC* Enrollment Form.

*WHC* shall ensure client confidentiality and HIPAA compliance for clients enrolled in the program.

Patients enrolled and screened through *WHC* who are later diagnosed with breast or cervical cancer may apply to receive Medicaid for treatment, as long as they meet citizenship or eligible alien standards and do not have insurance. *WHC* shall submit applications for this treatment to Medicaid.

*WHC* shall communicate pertinent clinical updates, according to NBCCEDP Policies and Procedures, to maintain program quality.

This agreement may be terminated, amended, changed, or otherwise revised by mutual agreement, at the initiation of either party, with 30 days written notice to the other party.

Upon termination of this agreement, no further claims may be submitted or paid by the Third Party Administrator or any representative of the program.

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(Print Name and Title)

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(Date)

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(Signature)

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(Organization)

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(Complete Address with Zip Code)

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(Telephone Number)

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(Fax Number)

Signed: \_\_\_\_\_

Richard H. Schultz, Administrator  
Division of Health  
Idaho Department of Health and Welfare

\_\_\_\_\_ Date